

8924

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4635

STATE FILE NUMBER

FILED MAY 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Missouri

Length of stay in 1b

1 month

c. FULL NAME OF HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Johnson

admission)

c. CITY

OR
TOWN

Goreville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Illinois

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ella

Middle

Last

Cox

4. DATE
OF DEATH

Month

4/27/63

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/20/1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

10

Days

7

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Johnson County, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John F. Kelley

13b. MOTHER'S MAIDEN NAME

Minnie Ollis

14. NAME OF HUSBAND

L. Lloyd Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

L. Lloyd Cox, Goreville, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

INTERVAL BETWEEN

ONSET AND DEATH

sev. hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chromophobe tumor

DUE TO (c)

272x

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/29/63

to 4/27/63

and last saw her alive on 4/27/63

Death occurred at 6:05 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

4/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4/30/63

23c. NAME OF CEMETERY OR CREMATORY

McKinnley Chapel Cemetery

23d. LOCATION (City, town, or county)

N.E. of Goreville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Joe F. Van Natta Carbondale, Illinois

25. DATE RECD. BY LOCAL REG.

APR 29 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Joe E. Van Hatten, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe E. Van Hatten

Licensed Embalmer No. 2897

P. O. Address Castroville, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.